

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VALLEY LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 TAYLOR ROAD WESTFIELD, NC 27053</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 4-27-2016  Records indicate this facility was first licensed as a Home for the Aged serving 26 residents on 1-1-2007. Therefore the facility must meet the 2005 Rules for the Licensing of Adult Care Homes, and, the 2006 North Carolina State Building Code; Section 407 Institutional Occupancy - Group I-2.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VALLEY LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 TAYLOR ROAD WESTFIELD, NC 27053</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 150	Continued From page 1  This Rule is not met as evidenced by: Based on observation, the corridor was not maintained free of obstructions. Findings include: a. There were 2 med carts stored in the corridor reducing the clear width to about 3.5 feet. b. There was a chair in the corridor reducing the clear width to about 4 feet.	C 150		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on a review of documents, the records of fire drills included no description of what the rehearsal involved.	C 185		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/27/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MOUNTAIN VALLEY LIVING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 TAYLOR ROAD WESTFIELD, NC 27053</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation, many corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;               <ol style="list-style-type: none"> <li>a. One of the smoke barrier doors would not automatically latch when closed.</li> <li>b. There was a gap of about 3/8 inch between the smoke barrier doors when closed.</li> <li>c. The door to the clean linen room was wedged open.</li> <li>d. The door to kitchen was propped open.</li> </ol> </li> <li>2. Based on observation, the battery powered emergency light in the dining room would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.</li> </ol>	C 189		